

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90084 048 \*\*\*150.00

**DOCUMENT # G18758**

1. Entity Name

F & A VENDING MANAGEMENT, INC.



Principal Place of Business

MANISCALCO, ANDREA A.  
1010 MARBLE WAY  
BOCA RATON FL 33432

Mailing Address

MANISCALCO, ANDREA A.  
1010 MARBLE WAY  
BOCA RATON FL 33432

2. Principal Place of Business

MANISCALCO, PAUL F.

Suite, Apt. #, etc.

2138 NW 23 WAY

BOCA RATON FLORIDA

Zip  
33431

Country  
USA

3. Mailing Address

MANISCALCO, PAUL F.

Suite, Apt. #, etc.

2138 NW 23 WAY

BOCA RATON FLORIDA

Zip  
33431

Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-2268317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANISCALCO, PAUL  
1010 MARBLE WAY  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name  
MANISCALCO, PAUL

Street Address (P.O. Box Number is Not Acceptable)

2138 NW 23 WAY

City  
BOCA RATON

FL

Zip Code  
33431

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Paul Maniscalco* PAUL MANISCALCO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

03-30-04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
MANISCALCO, PAUL  
1010 MARBLE WAY  
BOCA RATON FL 33432

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
MANISCALCO, PAUL  
2138 NW 23 WAY  
BOCA RATON FL 33431

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Maniscalco* PAUL MANISCALCO 3-30-04 (561) 241-0499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #